

AFFIDAVIT

STATE OF

COUNTY OF

I, , the undersigned being the
of, , registrant, registration #

swear (or affirm), that to the best of my information, knowledge, and belief, the statements contained in this report, including the accompanying schedules and statements (if any) are true, correct; and, that the same is a true and complete statement in accordance with the laws of the State of Tennessee. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or renew a license by the Tennessee Department of Financial Institutions. Further, I am aware that later discovery of an omission or misrepresentation made in any of these statements in this application, may be grounds for the revocation of a registration.

Signature

Subscribed and sworn to before me this _____ day of _____.

Notary Public

My Commission Expires